



KANSAS CORPORATION COMMISSION 1153663
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1153663



Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; border-bottom: 1px solid black;">Name</td> <td style="width:15%; border-bottom: 1px solid black;">Top</td> <td style="width:15%; border-bottom: 1px solid black;">Datum</td> </tr> </table>	Name	Top	Datum
Name	Top	Datum		

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Consulting Petroleum Geologist

1411 Washington Circle

Hays, Ks 67601

Phone: 620-428-1356 (cell) 785-621-2286

GEOLOGICAL
REPORT
LOG

COMPANY *Pelican Hill Oil & Gas*

WELL *Nelson # 9-16*

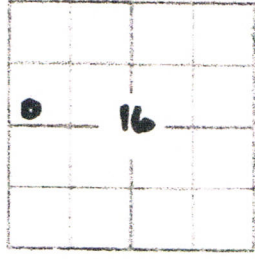
FIELD *Stratton Northwest*

LOCATION *2144' ENL - 335' FEL*

SEC. *16* TWP. *11s* RGE. *21W*

COUNTY *Trego*

STATE *Kansas*



PRODUCTION *Aib*

ELEVATION KB *2227*

DF

GL *2217*

Drilling Measured From: *2227 KB*

Samples Saved From *3560* To: *TD*

Drilling Time From *3450* To: *TD*

Samples Examined From *3560* To: *TD*

Geological Supervision From *3800* To Total Depth

Wellsite Geologist *Alan Downing*

Electrical Surveys *Nabors*

CON/GR - microlog

Sonic - Dual Induction

OPERATOR *PHOG Inc.*

CONTRACTOR *Infinity Drilling*

COMM: *4-18-13*

COMP: *4-25-13*

CASING RECORD

SURF: *8 5/8" - 271'*

PROD: *5 1/2" - 3950'*

TOTAL DEPTH DRILLERS: *3951*

TOTAL DEPTH LOG: *3950*

FORMATION TOPS AND STRUCTURAL POSITION

FORMATION	SAMPLE TOP	ELECTRIC LOG TOP	SUB-SEA DATUM	STRUCTURAL POSITION
<i>Anhydrite BASE</i>	<i>1680 1730</i>	<i>1684 1732</i>	<i>+547 +495</i>	<i>-10 +1</i>
<i>Topeka</i>	<i>-</i>	<i>3284</i>	<i>-1057</i>	<i>-15</i>
<i>Heebner</i>	<i>3496</i>	<i>3496</i>	<i>-1269</i>	<i>-20</i>
<i>Lorento</i>	<i>3518</i>	<i>3518</i>	<i>-1291</i>	<i>-12</i>
<i>Lansing</i>	<i>3536</i>	<i>3534</i>	<i>-1307</i>	<i>-12</i>
<i>BKC</i>	<i>3774</i>	<i>3772</i>	<i>-1545</i>	<i>-10</i>
<i>Marmaton</i>	<i>3828</i>	<i>3826</i>	<i>-1577</i>	<i>-6</i>
<i>Arbuckle</i>	<i>3864</i>	<i>3862</i>	<i>-1635</i>	<i>-6</i>

REFERENCE WELL FOR STRUCTURE *PHOG Inc.*

Nelson # 11 - 2221' ECI - 271' ECI

ALLIED OIL & GAS SERVICES, LLC 056898

D&T

Federal Tax I.D.# 20-5975804

MIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell KS

DATE <u>4-20-13</u>	SEC. <u>16</u>	TWP. <u>11</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION	JOB START <u>8:30pm</u>	JOB FINISH <u>9:00pm</u>
LEASE <u>Nelson</u>	WELL# <u>9-16</u>	LOCATION <u>Riga Exit 8.5 N Winto</u>			COUNTY <u>Trego</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Surface Integrity #7
 TYPE OF JOB surf csc
 HOLE SIZE 12 1/2 T.D. 275
 CASING SIZE 8 5/8 24" DEPTH 273.7
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 15'
 CEMENT LEFT IN CSG. 15'
 PERFS.
 DISPLACEMENT 16 1/4 bbl

OWNER
 CEMENT
 AMOUNT ORDERED 175 com 390 cc 29 gal

EQUIPMENT
 PUMP TRUCK CEMENTER Robert Y
 # 417 HELPER Woody O
 BULK TRUCK
 # 378 DRIVER Joe G
 BULK TRUCK
 # DRIVER

COMMON	<u>175</u>	@	<u>17.90</u>	<u>3132.50</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>23.40</u>	<u>70.20</u>
CHLORIDE	<u>6</u>	@	<u>64.00</u>	<u>384.00</u>
ASC		@		
HANDLING	<u>188.51</u>	@	<u>2.48</u>	<u>467.51</u>
MILEAGE	<u>241.22</u>	@	<u>2.60</u>	<u>627.17</u>
TOTAL				<u>4681.38</u>

REMARKS:
run 6 hrs of new 8 5/8 24" csg receive circulation mix 175 com 390 cc 29 gal displac 16 1/4 bbl of fresh water shut in

Cement did circulate to surface
Thank you!!

CHARGE TO: Pelican Hill
 STREET _____
 CITY _____ STATE _____ ZIP _____

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Todd E. Mersch
 SIGNATURE Todd E. Mersch

SERVICE

DEPTH OF JOB	<u>275</u>
PUMP TRUCK CHARGE	<u>1512.25</u>
EXTRA FOOTAGE	@
MILEAGE <u>28 HVMI</u>	@ <u>7.70</u> <u>215.60</u>
MANIFOLD <u>28 LVMI</u>	@ <u>4.40</u> <u>123.20</u>
TOTAL <u>1851.05</u>	

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
TOTAL _____		

SALES TAX (If Any) 243.89
 TOTAL CHARGES 6532.43
 DISCOUNT 1763.76 IF PAID IN 30 DAYS
before tax BS 4-22
net 4768.67

ALLIED OIL & GAS SERVICES, LLC

060170

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

Okley, Ky

DATE <i>5/8/13</i>	SEC. <i>16</i>	TWP. <i>11</i>	RANGE <i>21</i>	CALLED OUT	ON LOCATION	JOB START <i>1:00pm</i>	JOB FINISH <i>2:00pm</i>
LEASE <i>Nelson</i>	WELL # <i>9-16</i>	LOCATION <i>Rigg 8N W-510</i>			COUNTY <i>Trego</i>	STATE <i>Ky</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *Alliance Well Service*

TYPE OF JOB *Squeezes*

HOLE SIZE _____ T.D. _____

CASING SIZE *5 1/2* DEPTH _____

TUBING SIZE *2 3/8* DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL *Packer* DEPTH *3747*

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. *3875-79 3904-08*

DISPLACEMENT _____

OWNER *Sund*

CEMENT AMOUNT ORDERED *125 Com*

COMMON *50* @ *17.90* *895.00*

POZMIX @ _____

GEL @ _____

CHLORIDE @ _____

ASC @ _____

EQUIPMENT

PUMP TRUCK CEMENTER *Alan Ryan*

402 HELPER *Wayne McShighy*

BULK TRUCK _____

_____ DRIVER _____

BULK TRUCK _____

_____ DRIVER _____

HANDLING *125 CF* @ *2.48* *310.00*

MILEAGE *260* @ *70/mile* *18200.00*

TOTAL *1663.25*

REMARKS:

Load 500 PSI - Shut in. To the Relief @ 4000 PSI 500 PSI. Max 500 PSI. Com Displace to 1500 PSI Squeeze w/ H₂O. Release - Reverse (Long Pull 50 to Reverse (Com. Pressure System to 500 - Shut in)

Thank You

SERVICE

DEPTH OF JOB *3747'*

PUMP TRUCK CHARGE *2600.47*

EXTRA FOOTAGE @ _____

MILEAGE *30* @ *7.20* *216.00*

MANIFOLD *Squeeze* @ _____ *300.00*

Lit Vehicle *30* @ *4.40* *132.00*

TOTAL *3263.47*

CHARGE TO: *Relican Hill*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To: Allied Oil & Gas Services, LLC.
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SALES TAX (If Any) _____

TOTAL CHARGES *4,926.72*

DISCOUNT *985.34* IF PAID IN 30 DAYS

3,941.37 Net

PRINTED NAME _____

SIGNATURE *Harold Bellman*

Comp.